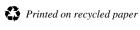


## **Household Registration Form**

Primary Household

ast Name First Name			
Address:			
City:S			
Home Phone Number: ()	Work Pho	one Number: (	_)
Emergency Contact and Phone Number	r:		
( ) Special Assistance is needed for on Please Explain:			_
medical doctor before I or my child par participation in the program(s) noted at	ticipates in this program bove. I understand that	m. My child and I a the City of Falls Ch	d I acknowledge that I have been advised to seek the advise of a gree to assume all risks of illness or injury resulting from nurch makes no representations as to the safety of this program for officers and employees, including the program instructor, from and
against all claims for illness or injury d	•	_	
articipant Signature: Date:			
(Signature of parent/guardian if under	18)		
Particinant Name Male/Female Da	ate of Birth Activity	Registration #	Activity Name — Activity Fee





The City of Falls Church does not discriminate on the basis of disability in its employment practices or in the admission to, access to, or operation of its services, programs, or activities. Letha Flippin, 300 Park Avenue, Falls Church, Virginia, has been designated to coordinate compliance with the ADA non-discrimination requirements. The City of Falls Church complies with the Americans with Disabilities Act. This document will be made available in an alternate format upon request. Call 703.248-5001, Virginia Relay Center, 1-800-828-1120.